2. Service Plan Development and Implementation. Following the assessment(s) and determination of need for CM, a written service plan shall be developed and implemented as a vehicle to address the case management needs of the recipient. To the maximum extent possible, the development of a service plan shall be a collaborative process involving the recipient, his family or other support system, and the CM provider. The written service plan shall be developed within thirty (30) calendar days of when the recipient chooses the agency as his provider.

3. Crisis Assistance. Crisis assistance services are those case management activities that are needed in addition to the assessment and ongoing case management hours in emergency situations. These are necessary activities to obtain services needed to ensure the health and/or safety or to prevent hospitalization or incarceration of a recipient. Crisis assistance may be provided prior to or after the completion of the assessments and individual service plan.

4. Linking/Coordination of Services. Through negotiation and referrals, the case manager links the recipient to various providers of services/care and coordinates service delivery. Coordination of service delivery includes activities such as assuring that needed services have been delivered, consulting with service providers to ascertain whether they are adequate for the needs of the recipient, and consulting with the client to identify the need for changes in a specific service or the need for additional services. The case manager may refer to his own agency for services but may not restrict the recipient's choice of service providers. It may be necessary to mobilize more than one set of resources to make adequate services available. The case manager may be needed to act as an advocate for the recipient. There must be a minimum of one face-to-face contact with the recipient at least every thirty (30) days.

5. The case manager will encourage independence of the recipient by demonstrating to the individual how to best access service delivery systems such as transportation, Meals on Wheels, etc. Such assistance must be directed toward reducing the number of case management hours needed. Such assistance is limited to thirty (30) days per service delivery system.

E. Qualification of Providers:

CM Provider Agency Qualifications. Case management provider agencies must meet the following criteria:

1. Utilization of a standardized intake and prescreening process for determining whether or not Medicaid eligible individuals are included in the target group for case management services. Prescreening must be effective in sorting out who does and who does not need a full assessment of needs for CM.

2. Demonstrated capacity in providing all core elements of case management services to the target population including:

   i. Comprehensive assessment; and

   ii. Comprehensive service plan development and implementation; and

   iii. Crisis assistance; and

   iv. Linking/coordination of services; and

   v. Encouragement of independence.

3. Provides clients of the agency, the availability of a case manager on a twenty-four (24) hour basis to assist them in obtaining needed services.

CM Provider Staff Qualifications. All individual CM providers must be employees of an organized provider agency that has a valid CM provider agreement with the Department. The employing entity will supervise individual CM providers and assure that the following qualifications are met for each individual CM provider:

i. Must be a psychiatrist, M.D., D.O.; or physician, M.D., D.O.; or psychologist, PH.D., Ed.D., M.A./M.S.; or social worker with a valid Idaho social work license issued by the Board of Social Work Examiners; or nurse, R.N.; or have a B.A./B.S. in a human services field and at least one year experience in the psychiatric or mental health field.

ii. A total caseload per case manager of no more than twenty (20) individuals. The Bureau may grant a waiver of the caseload limit when requested by the agency.

State/Territory: IDAHO

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho

A. Target Group: Those recipients who are approved for Personal Care Services and who require and desire assistance to adequately access services necessary to maintain their own independence in the community are eligible for case management services. The scope and amount of services will be determined by the Regional Medicaid Unit based on the individual community service plan.

B. Areas of the State Which Services Will be Provided:

/X/ Entire State.

/_/ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide.

C. Comparability of Services

/_/ Services are provided in accordance with section 1902(a)(10(B) of the Act.

/X/ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho

D. Definition of Services

Service Description. Case Management Services are delivered by eligible case management agencies to recipients who have been determined eligible for Personal Care Services both under the Idaho State Plan or under the Home and Community Based Services Waiver. Case management is an individualized service provided by an employee of a qualified case management provider agency acting the role of a coordinator of multiple services to insure that the various needs of the individual are assessed and met. Case management has the following core functions:

1. Assessment. A comprehensive evaluation of the recipient's ability to function in the community including, but not limited to:

   a. Medical needs, physical problems and strengths; and

   b. Mental and emotional problems and strengths; and

   c. Physical living environment; and

   d. Vocational and educational needs; and

   e. Financial and social needs; and

   g. An evaluation of the community support system including the involvement of family or significant other; and

   h. An evaluation of the community support system including involvement of family or significant other; and

   i. Safety and risk factor; and

   j. Legal status.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho

2. Individual Community Service Plan (ICSP) Development. Based on the information obtained during the recipient assessment and input obtained from professionals involved with the recipient, the case manager will develop a written plan which will include at least the following:

   a. Problems identified during the assessment; and

   b. Overall goals to be achieved;

   c. References to all services and contributions provided by informal support systems including the actions, if any, taken by the case manager to develop the support system; and

   d. Documentation of who has been involved in the service planning, including the client's involvement; and

   e. Schedule for case management monitoring and reassessment; and

   f. Documentation of unmet needs and service gaps; and

   g. References to any formal services arranged including costs, specific providers, schedules of service initiation, frequency or anticipated dates of delivery.

   h. The ICSP will be reevaluated and updated by the case manager at least every six months and approval continued, if appropriate, by the Regional Medicaid Unit.

   i. A copy of the current ICSP will be provided to the recipient or their legal representative.

3. Linking/Coordination of Services. A case manager will actively advocate for services required by the client and coordinate such service delivery between multiple agencies, individuals, and others.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho

4. Continuity of Care. A case manager will monitor and evaluate the services required and received by the recipient at least every thirty (30) days and is responsible to assure that the services are delivered in accordance with the individual community service plan. If new needs are identified, then the individual community service plan will be revised and the new needs addressed.

5. The case manager will encourage independence of the recipient by demonstrating to the individual how to best access service delivery system such as energy assistance, legal assistance, financial assistance, etc. Such encouragement will be conducted on an ongoing basis.

E. Qualifications of Providers: All individual case managers must be employees of an organized entity that has a valid provider agreement with the Department's Bureau of Welfare Medical Programs. The case management agency cannot provide Personal Care Services and case management services to the same recipient. The employing entity will supervise individual case management providers and assure that the following qualifications are met:

1. The individual case manager must be a licensed social worker or licensed professional nurse or have at least a BA or BS in sociology, recreation therapy, rehabilitation, counseling, other related human services degree, or be a qualified mental retardation professional as defined in 42 CFR 483.430, and have at least one (1) years experience of service delivery to the service population.

2. The individual case manager must be supervised by an individual who has at least a BA or BS degree and is a licensed social worker, psychologist, or licensed professional nurse (registered nurse/RN) with at least two (2) years experience in service delivery to the service population. The supervisor will oversee the service delivery and have the authority and responsibility to remove the individual case manager if the client's needs are not met.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Idaho

3. Individual case managers will not be assigned case management responsibilities for more than thirty (30) active case management clients.

The Bureau of Medicaid Policy and Reimbursement may grant a waiver of the caseload limit when requeste by an agency when the following criteria are met.

a) The availability of case management providers is not sufficient to meet the needs of the service area.

b) The recipient that has chosen the particular provider that has reached their limit, has just cause to need that particular manager over other available managers.

c) The individual case manager's caseload consists of twenty-five percent or more maintenance level (two (2) hours per month or less of CM services) clients.

The request for waiver must include:

a) The time period for which the waiver is requested; and

b) The alternative caseload limit requested; and

c) Documentation that the granting of the waiver would not diminish the effectiveness of the case manager's services, violate the purposes of the program, or adversely affect the health and welfare of any of the case manager's clients.

The Bureau may impose any conditions, including limiting the duration of a waiver, which it deems necessary to ensure the quality of CM services provided.

State/Territory: IDAHO

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.